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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)					Application Number 10/512,012			Filing Date 12 November, 2004			To be Mailed		
					Applicant(s) FAGRENIUS ET AL.					Page 1 of 1			
							* May be	used for addi	tional claims	or amendm	ents		
CLAIMS	ASFILED		AFTER FIRST AMENDMENT 03/29/2007		AFTER SEC. AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2				1			52						
3				1			53						
4				1			54						_
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10		_		1	-		60		-		_		+
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45	-		_	-	-	-	95 96	-	-		-		+
46 47					 		96		 				+
48	-						98						+
49		_	-	-	-	-	99	-	-	-			+-
50					_		100				_		-
Total			2		_		Total	_					-
Indep			-				Indep						
Total				18			Total						
Depend							Depend						
Total			- 3	20			Total						
Claims				CPD 1 16 T	L - 1 - 6		Claims		Cel dl		4- 61- 6 11-		

This could not of information is required by \$7 CFR 1.16. The information is required to the or retain a benefit by the public which is to life (and by the USPTO).

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